

BOOK REVIEWS.

ABDOMINAL HERNIA; ITS DIAGNOSIS AND TREATMENT. By W. B. DE GARMO, M.D., New York. Professor of Special Surgery (Hernia), New York Post-Graduate Medical School and Hospital; Fellow New York Academy of Medicine. J. B. Lippincott Company, Philadelphia and London, 1907.

It is to the physician that this book is especially addressed, and it is in order to enable him to diagnose and advise the proper treatment of abdominal hernia that De Garmo has written upon this subject. The work contains an introductory chapter on the surgical anatomy of the inguinal region; there is nothing especially new described here. Inguinal hernia is then taken up, the cause and types are discussed, as well as the symptoms and diagnosis. An important and at the same time unusual chapter is that on the mechanical treatment of inguinal hernia, and it is this which will particularly appeal to the medical practitioner. There are described the various forms of trusses and their mechanism is carefully explained as well as the reasons for failure in some of them. It is interesting to note that it was a medical man who had the honor of having made the most valuable suggestions in the manufacture of the hard rubber truss, with which the names of Riggs, Chase and Hood will always be associated. There follows a chapter on truss-fitting, which most physicians are willing to leave to the truss maker. It is, however, most essential that physicians should understand when a truss fits properly. The physician should be able to write a prescription for a truss as he would for any other kind of treatment. The mechanical treatment of inguinal hernia in infancy and childhood forms another most important chapter. One-half of all the abdominal herniæ occur during the first five years of life, and it is during this period that the defect must be cured if it is ever to be accomplished without operation. It is not a difficult matter and should be thoroughly under the control of the family physician. It is not sufficient for the physician to prescribe a truss for such a patient; he should also regularly inspect the case and make such changes

as are necessary. Dr. De Garmo instructs us in the management of these cases. Works relating to abdominal hernia seldom mention gymnastics as an aid in palliative or curative treatment, but many cases may be improved by their use while others may be enlarged by the improper use of physical exercises. There is an interesting chapter on this subject.

DISEASES OF THE GENITO-URINARY ORGANS AND THE KIDNEY.

By ROBERT H. GREENE, M.D., Professor of Genito-Urinary Surgery at the Fordham University, New York; and HARLOW BROOKS, M.D., Assistant Professor of Pathology, University and Bellevue Hospital Medical School. Octavo of 536 pages, profusely illustrated. Philadelphia and London: W. B. Saunders Company, 1907.

The present volume has been compiled conjointly by a surgeon and a physician. It takes up first the general examination of the patient and then the special examinations including the care of urethral instruments and examination of the urine. The chapters on cystoscopy show some advance over other of the more recent publications in that the newer American instruments have been described, directions given for their use and for catheterism of the ureters. There are chapters on the blood in diseases of the kidney, the ocular manifestations of renal disease, the kidney in acute infectious diseases, Bright's disease and uræmia. In reviewing the book as a whole it shows that the medical side of the subject has been more thoroughly discussed than the surgical side; the chapters on Bright's disease, urethritis and prostatitis are more extensive and more comprehensive than are those on the surgery of the kidney and bladder. Why authors should continue to classify tuberculosis of the bladder with cystitis it is difficult to understand; tuberculosis of the bladder is as distinct a lesion as is carcinoma of the bladder, and gives rise to many of the same symptoms. The disease should occupy a chapter by itself, and the importance of early diagnosis should be emphasized. The injection treatment of the disease is the only one advocated. Under the consideration of stone in the bladder, the authors tell us that the symptoms closely resemble those of chronic cystitis; the picture, as a rule, is so different, that the description should not go unchallenged; the pain and suffering in many cases is extreme. Little reference is made to microscopic examination